

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 2-20				
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:				
Contract Number EP-D-14-032			Contract Period   09/16/2014   To   09/15/2019 Base                      Option Period Number      2			Title of Work Assignment/SF Site Name CAA-Related Literature Search				
Contractor INDUSTRIAL ECONOMICS, INCORPORATED					Specify Section and paragraph of Contract SOW Section 6					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance  From   09/16/2016   To   09/15/2019				
Comments: THE WORK ASSIGNMENT INCLUDES 100 HOURS FOR PREPARATION OF THE WORKPLAN/COST ESTIMATE AND TO BEGIN THE WORK ASSIGNMENT. THE CONTRACTOR SHALL PROPOSE THE HOURS NECESSARY TO COMPLETE ALL TASKS. NO PREVIOUSLY PERFORMED WORK SHALL BE DUPLICATED. SEE ATTACHED SOW.										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
SFO <input type="checkbox"/> Note: To report additional accounting and appropriations date use EPA Form 1900-69A.										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:                      Cost/Fee:                      LOE: 09/16/2014   To   09/15/2019										
This Action:										
Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:                      Cost/Fee                      LOE:										
Cumulative Approved:                      Cost/Fee                      LOE:										
Work Assignment Manager Name   Robin Langdon  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number: 919-541-5695 FAX Number:			
Project Officer Name   Carolyn Blake  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number: 919-541-5256 FAX Number:			
Other Agency Official Name  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number: FAX Number:			
Contracting Official Name   Natalia Fisher-Jackson  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number: 919-541-3564 FAX Number:			